

Austin de Tagle
1645 Parkside Ave
San Jose, CA
(408) 590-4838
orlandosanchezdetagle@gmail.com
Pro Se Plaintiff

FILED

JUN 04 2024

CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
SAN JOSE OFFICE

5
SMC
NP
NC

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

Austin de Tagle

Plaintiff(s),

vs.

Santa Clara County Hall of Justice

Defendant(s).

)
) **COMPLAINT**
)
) **CIVIL RIGHTS ACTION**
) **42 U.S.C § 1983**
)
) **DEMAND FOR JURY TRIAL**

C

24 03354 VKD

PARTIES

1. Plaintiff

Name: Austin de Tagle

Address: 1645 Parkside Ave San Jose, CA 95125

Telephone (408) 590-4838

1. Defendant

1 Defendant 1:

2 Name: Judge Manley

3 Address: 190-200 West Hedding Street, San Jose, CA 95110

4 **JURISDICTION**

- 5 1. This court has jurisdiction over this complaint because it arises under the laws of the United
6 States. 42 U.S.C 1983 5th Amendment (due process) 1331, 1332, 42 U.S.C 1983 14th
7 amendment (invasion of privacy) 1331, 1332. 42 U.S.C 1983 American Disabilities Act
8 1990. Section 504 of the Rehabilitation Act, 29 U.S.C 701.

9
10 **VENUE**

- 11 2. Venue is appropriate in this court because the defendant resides in this district, and a
12 substantial amount of the acts and omissions giving rise to this lawsuit occurred in the
13 Northern District court San Jose Division. 28 U.S.C 1391

14
15 **INTRADISTRICT ASSIGNMENT**

- 16 3. This lawsuit should be assigned to the San Jose division of this court because a substantial
17 part of the events or omissions which give rise to this lawsuit occurred in Santa Clara
18 County.
19

20
21 **STATEMENT OF FACTS**

- 22
23 4. I am a United States Military Veteran who has been diagnosed and being treated for PTSD,
24 Anxiety, Depression, Acute Stress and one flashback February 19, 2023.
25 5. I have suffered from neurological damage to my left side and been told by my primary care
26 doctor that surgery is the only remedy.
27 6. I suffer from left ear hearing loss from a machine gun while in the military that has affected
28 me over time since I was discharged honorably in 2013 requiring a hearing aid.

7. I was arrested for threatening Judge Micael P. Estremera according to Santa Clara County Sheriff's Department and the District Attorney's office.

8. I did not threaten the judge and I am innocent of all wrong doing.

9. I will not admit to something I did not do; this is retaliation after I filed a Supreme Court Case August 22, 2023.

10. I have used my 1st amendment and article 1 which has been used against me, I been given reprisal. Judge Micael P. Estremera has never once accused me of a crime against him and he refused to file a police report.

11. He did not accuse of any such crime against him.

12. Judge Micael P. Estremera has violated my civil rights and constitutional rights in child custody case 17CP000822.

13. I was arrested on November 17, 2023 by Sargent Lee and have plead not guilty, Case number C2314686.

Claims

First Claim

Name the law or right violated:

Due process, life and liberty

14. Judge Manley was acting under the color of the state law when he forced me to wear a GPS monitor prior to be given due process, I did not consent to this order on December 14, 2023.

15. I was denied life and liberty, I was unable to run and exercise without the GPS monitor cutting into my ankle. It became infected, I was unable to walk and I have been left permanently scared and was injured.

16. I was being treated as if I was on probation and if I was already found guilty of a crime I did not commit.

17. Judge Manly found me guilty prior to giving me due process in his remarks during a hearing.

Second Claim

Name the law or right violated:

Invasion of privacy

Name the defendants who violated it: Judge Manley

18. Judge Manley was acting under the color of state law when he invaded my privacy by tracking my location using the GPS ankle monitor.

19. I had to answer a third party from Florida when I was in a restricted area.

20. I was called constantly on my personal cell phone to plug the GPS in when the battery was low.

Third Claim

Name the law or right violated:

American Disabilities Act 1990 Sec. 12203

Name the defendants who violated it: Judge Manley

21. I cut the GPS off my infected leg, and Judge Manley retaliated by having me remanded for 3 days in jail. I was deprived of my freedoms for standing up for my right.

22. This was affecting my mental health and physical health tremendously.

Fourth Claim

Name the law or right violated:

American Disabilities Act 1990 Sec. 12111

Name the defendants who violated it: Judge Manley

23. A \$20,000.00 bond was set for my freedom creating a significant difficulty and expense for myself. I feared for my life while I was incarcerated.

1 24. That conversation can be heard in jail house phone call to Alfonso de Tagle who is my
2 father.

3 25. This contradicts the contract I signed for my own recognizance to be released with no bail
4 and to not leave the state.

5 26. Derek Nguyen was who I had to report too weekly, I was not allowed to leave the county
6 overnight.

7 27. This is a undue hardship for me, this was a financial burden that I did not have to endure if
8 my rights where not violated and OR was honored.

9 28. This was a direct threat to my physical health due to injuries I sustained, and mental health.

10 29. My depression and anxiety were affected, I struggled with insomnia and the acute stress was
11 painful.

12
13 **Fifth Claim**
14

15 **Name the law or right violated**

16 Section 504 (Rehabilitation Act) 29 U.S.C 701

17 Name the defendants who violated it: Judge Manley

18 30. I went 3 days without my medication that is used for PTSD, Depression and Anxiety and
19 acute stress.

20 31. I have to take naps daily as needed with the help of my medication, to help with the acute
21 stress.

22 32. I had to use my state governmental benefits to post bail after being released on my own
23 recognizance November 18, 2023.

24 33. I could not access my governmental money to bail out, Alfonso de Tagle loaned me \$2,500
25 and I was bailed out through Bad Boys Bail Bonds.

26 34. I take have to take Trazadone, Hydroxyzine for my Anxiety and Escitalopram Oxalate every
27 day for my depression.
28

1 35. I was on the path to doing better prior to being remanded but have faced difficulties since
2 this traumatizing experience.

3 36. I endure physical pain from my mental health, it is something I have had to find acceptance
4 in adjusting.

5
6 **Sixth Claim**

7
8 **Name the law or right violated:**

9 American Disabilities Act 1990 Sec. 12132

10 Name the defendants who violated it: Judge Manley

11 37. I was denied my service k9 dog Penn, who was alone at home with no food.

12 38. I use him my Anxiety and PTSD and depression

13 39. My service dog also suffers from anxiety, he is a rescue from the animal shelter and is 2 ½
14 years old.

15 40. I was discriminated against by Judge Manley, I was denied m benefits of services.

16
17 **Seventh Claim**

18
19 **Name the law or right violated:**

20 American Disabilities Act 1990 Sec. 12133

21 Name the defendants who violated it: Judge Manley

22 41. Judge Manley has violated my rights as Judge under the American Disabilities Act violating
23 my civil rights.

24
25 **Eight Claim**

26
27 **Name the law or right violated:**

28 American Disabilities Act 1990 Sec. 12212

1 Name the defendants who violated it: Judge Manley

2 42. I expressed myself to Judge Manley in his court room and told him the rights he violated.

3 43. Rather than find resolution he moved forward with refusing to cooperate with my rights and
4 respecting my mental health disability.

5 44. Judge Manley recused himself from my case right after.

6 45. I came out of jail in worse condition, a decline in my mental health then when I first went in.

7 46. I was in psychical pain from my depression and anxiety with no medication and so much
8 stress.

9 47. Since being remanded I have struggled being consistent in the gym and have not been able
10 to run like I use too.

11 48. I was working on my 12-mile run and could run 8 miles easily, now I struggle with being
12 able to run.

13 49. Without the GPS monitor on my ankle, I could have ran a lot farther, walked more
14 comfortably, slept better and would not have sustained the permanent scaring on my ankle.

15
16 **Ninth Claim**

17
18 **Name the law or right violated:**

19 American Disabilities Act 1990 Sec. 12205

20 Name the defendants who violated it: Judge Manley

21 50. I seek reasonable attorney's fees for filing this case that has violated my rights.
22

23 **Tenth Claim**

24
25 **Name the law or right violated:**

26 American Disabilities Act 1990 Sec. 12188

27 Name the defendants who violated it: Judge Manley
28

1 51. I ask that the Enforcement by the Attorney investigate the denial of rights alleged in this
2 subchapter.

3
4
5 **DEMAND FOR RELIEF**

6 I seek compensatory damages in the amount of \$300,000,000.00

7 I ask that Judge Manley be impeached.

8 **DEMAND FOR JURY TRIAL**

9 52. Plaintiff demands a jury trial on all issues.
10
11

12 Respectfully submitted,

13 DATED: May 31, 2024

14 
15 AUSTIN DE TAGLE
16
17
18
19
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21
22
23
24
25
26
27
28

DISABILITY INSURANCE
PO BOX 637
SAN JOSE CA 95106-0637



2525XX10161



RETURN TO: ----->

DISABILITY INSURANCE
PO BOX 989605
WEST SACRAMENTO CA 95798-9605

Mailing Date

09112023

AUSTIN O SANCHEZ DE TAGLE
1645 PARKSIDE AVE
SAN JOSE CA 95125-3337

EDD Employment
Development
Department
State of California
(800) 480-3287

PHYSICIAN/PRACTITIONER'S SUPPLEMENTARY CERTIFICATE

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED
	DI-1011-113-053	XXX-XX-2226	03-22-2023

Claimant Instructions: If you are still disabled, contact your physician/practitioner immediately for completion of the Physician/Practitioner's Supplementary Certificate which must be submitted within twenty (20) days of the mailing date shown above or you may lose additional benefits.

Instrucciones al Solicitante de Beneficios: Si Ud. aun sigue incapacitado, comuníquese con su Médico/Profesional (Medico) lo más pronto posible para completar el documento titulado en inglés "Physician/Practitioner Supplementary Certificate" el cual debe ser presentado dentro de un plazo de veinte (20) días de la fecha de envío indicada arriba o de lo contrario es posible que pueda perder beneficios adicionales.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to EDD. When completing this form, PLEASE PRINT WITH BLACK INK.

1. ARE YOU STILL TREATING THE PATIENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	DATE OF LAST TREATMENT		08072023	
2. WHAT CURRENT CONDITION(S) CONTINUES TO MAKE THE PATIENT DISABLED? (DIAGNOSIS REQUIRED, IF MADE)							
Depression							
Anxiety							
PTSD							
3. DATE OF NEXT APPOINTMENT							
11012023							
4. ICD DIAGNOSIS CODE(S) FOR DISABLING CONDITION THAT PREVENT THE PATIENT FROM PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK (REQUIRED)							
EXAMPLE OF HOW TO COMPLETE ICD CODES	ICD-9	320.1		(Check only one box)	PRIMARY	F43.10	
	ICD-10	G00.1			SECONDARY		
					SECONDARY		
					SECONDARY		

ADDITIONAL QUESTIONS ON FOLLOWING PAGES





2525XX10162

5. DESCRIBE HOW THE PATIENT'S PRESENT CONDITION/IMPAIRMENT PREVENTS HIM/HER FROM RETURNING TO HIS/HER REGULAR OR CUSTOMARY WORK.																																							
N I G H T M A R E S																																							
A U D I T O R Y H A L L U C I N A T I O N S																																							
D E P R E S S I O N																																							
6. WHAT FACTORS OR COMPLICATIONS ARE DISABLING THE PATIENT LONGER THAN PREVIOUSLY ESTIMATED?																																							
L E G A L I S S U E S A R E A N E X C A R B A T I N G S T R E S S O R																																							
7. IF PATIENT WAS HOSPITALIZED, PROVIDE DATES OF ENTRY AND DISCHARGE																																							
															TO																								
<input type="checkbox"/> CHECK HERE TO INDICATE THE PATIENT IS STILL HOSPITALIZED																																							
Not applicable																																							
8. DATE AND TYPE OF SURGERY/PROCEDURE PERFORMED OR TO BE PERFORMED																																							
9A. ICD PROCEDURE CODE(S) <input type="checkbox"/> ICD-9 <input type="checkbox"/> ICD-10																																							
Not applicable																																							
9B. CPT CODE(S) (DO NOT INCLUDE MODIFIERS)																																							
10. CURRENT ESTIMATED DATE PATIENT (EVEN IF STILL UNDER TREATMENT) WILL BE ABLE TO PERFORM HIS/HER REGULAR OR CUSTOMARY WORK ("UNKNOWN," "INDEFINITE," ETC., NOT ACCEPTABLE)																																							
11.01.2023																																							
<input type="checkbox"/> CHECK HERE TO INDICATE PATIENT'S DISABILITY IS PERMANENT AND YOU NEVER ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK																																							
11. WOULD DISCLOSURE OF THE INFORMATION ON THIS FORM BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT?																																							
																									YES					NO									

ADDITIONAL QUESTIONS AND SIGNATURE REQUIRED ON NEXT PAGE

For Official Use Only

EDDCAN

Claim ID

SSN/ECN

CED

DI-1011-113-053

XXX-XX-2226

03-22-2023



2525XX10163

12. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER												13. STATE OR COUNTRY (IF NOT U.S.A.) THAT ISSUED THE LICENSE NUMBER ENTERED IN QUESTION 12											
C 5 4 3 9 5												STATE CA COUNTRY USA											
14. PHYSICIAN/PRACTITIONER'S NAME																							
(FIRST)				(MI)				(LAST)				(SUFFIX)											
S H A I L I								J A I N															
15. PHYSICIAN/PRACTITIONER LICENSE TYPE												16. SPECIALTY, IF ANY											
M E D I C A L												P S Y C H I A T R Y											
17. PHYSICIAN/PRACTITIONER'S ADDRESS																							
MAILING ADDRESS, PO BOX, OR NUMBER/STREET/SUITE#																							
S 8 5 5 S I L V E R C R E E K V A L L E Y P L A C E																							
CITY						STATE						ZIP OR POSTAL CODE						COUNTRY (IF NOT U.S.A.)					
S A N J O S E						C A						9 5 1 3 8						U S A					
18. COUNTY HOSPITAL/GOVERNMENT FACILITY ADDRESS																							
FACILITY NAME (IF APPLICABLE)																							
as above																							
FACILITY ADDRESS, NUMBER/STREET/SUITE#																							
CITY						STATE						ZIP OR POSTAL CODE						COUNTRY (IF NOT U.S.A.)					
Physician/Practitioner's Certification:																							
I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.																							
19. PHYSICIAN/PRACTITIONER'S ORIGINAL SIGNATURE - RUBBER STAMP IS NOT ACCEPTABLE																							
SIGNATURE												DATE SIGNED						AREA CODE/PHONE NUMBER					
												0 9 2 0 2 0 2 3						6 5 0 4 9 3 5 0 0 0					
Under sections 2116 and 2122 of the California Unemployment Insurance Code, it is a violation for any individual who, with intent to defraud, falsely certifies the medical condition of any person in order to obtain Disability Insurance benefits, whether for the maker or for any other person, and is punishable by imprisonment and/or a fine not exceeding \$20,000. Section 1143 requires additional administrative penalties.																							

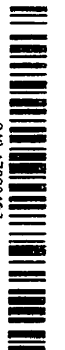
Refill Request Form

NO REFILLS REMAINING.

AUSTIN ORLANDO DETAGLE
ESCITALOPRAM OXALATE 5MG TAB

Rx# 40574900C Provider: SMITH K.
Date: 05/21/2024

TAKE THREE TABLETS BY MOUTH EVERY MORNING TO IMPROVE MOOD.



640-17098137

SAN JOSE, CA
3801 MIRANDA AVE
PALO ALTO, CA 94304
(800) 311-2511

Qty: 90
NO COPAY
Last Fill Date: Feb 01, 2025

Fill: (4of4)
Days Supply: 30



40574900C

Refill Request Form

AUSTIN ORLANDO DETAGLE
ESCITALOPRAM OXALATE 20MG TAB

Rx# 40599999 Provider: SMITH K.
Date: 05/23/2024
TAKE ONE TABLET BY MOUTH EVERY MORNING TO IMPROVE MOOD



640-17235954

SAN JOSE, CA
3801 MIRANDA AVE
PALO ALTO, CA 94304
(800) 311-2511

Qty: 90
NO COPAY
Last Fill Date: May 23, 2025

Fill: (1of3)
Days Supply: 90
2 REFILL(S) REMAINING BEFORE 5/23/2025



40599999

Sign Here to Order Refill: _____



☒ Hall of Justice
190 W. Hadding Street
San Jose, CA 95110

☐ Family Justice Center
201 N. First Street
San Jose, CA 95113

☐ Palo Alto Courthouse
270 Grant Avenue
Palo Alto, CA 94306

☐ South County Courthouse
301 Diana Avenue
Morgan Hill, CA 95037

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
RELEASE ON: SUPERVISED OWN RECOGNIZANCE
Section 1318 - 1320 Penal Code of the State of California

THE PEOPLE OF THE STATE OF CALIFORNIA,
Plaintiff

VS.

DETAGLE, AUSTIN ORLANDO

Defendant

CEN # 23518420

DOCKET # C2314686

Office of Pretrial Services . sccpretrial.org
2310 N.1st Street, Suite 104, San Jose, CA 95131
Phone (408) 918-7300 Fax (408) 954-8507

FILED
NOV 17 2023

Clerk of the Court
Superior Court of CA County of Santa Clara
BY J. FUENTES DEPUTY

CHARGE(S):

(1) PC 261(A) (2) PC 653M(A) (3) PC 853M(A) (4) PC 653M(A)

I, the undersigned, Promise to Appear in the above entered court on December 14, 2023 at 01:35 PM and at all times and places ordered by the judge/magistrate/commissioner. I also agree that, if I fail to report to Pretrial Services as directed below or otherwise fail to comply with any conditions listed below, this court date may be set earlier than the date listed above. I also understand that a failure to comply with any conditions listed below may result in a revocation of this release order. I further promise not to depart the State of California without leave of this court. If I fail to appear and am apprehended outside the State of California, I hereby waive extradition.

I shall comply with the following **GENERAL** conditions of release as required by the Court:

1. ☒ Call Pretrial Services on November 14, 2023 at (408) 918-7900 between the hours of 2-4:00 p.m. for officer assignment.
☐ Report in person to Pretrial Services on _____ between the hours of 2-4:00 p.m. for officer assignment.
Pretrial Services is located at 2310 N 1st Street, Suite 104, San Jose CA 95131
2. Report as required by the Office of Pretrial Services and pay any supervision fees as ordered by the Court. If I fail to report to Pretrial Services as directed, I understand that my court date may be set earlier than the court date listed above. I further understand that this release order may be revoked and a bench warrant may be issued for my arrest if I fail to appear at the new court date. I understand that Pretrial Services will use the contact information I have provided to them to notify me of the new court date.
3. Remain in Santa Clara County unless granted permission to leave by the Office of Pretrial Services.
4. Report any change of address, telephone, or employment status immediately to the Office of Pretrial Services. I understand that Pretrial Services will use this information to notify me of any change in my court date. Telephone Number: _____
5. Not violate any State or Federal laws.

The defendant is ordered to comply with the following **SPECIAL** conditions of release, under the direction of the Office of Pretrial Services, as ordered by the Court:

- ☐ 6. Not use or possess any illegal drugs/alcohol/marijuana.
- ☐ 7. Submit to drug/alcohol testing, and pay all fees, at the direction of Pretrial Services.
- ☐ 8. Participate in drug/alcohol/psychological counseling at the direction of Pretrial Services.
- ☒ 9. Permit search and seizure of his/her person, residence, and vehicle by any peace officer without a search warrant.
- ☐ 10. Not operate a motor vehicle without a valid California driver's license and proof of insurance.
- ☐ 11. Not possess any weapons or ammunition while this case is pending.
- ☐ 12. Not harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy or damage personal or real property of, disturb the peace, keep under surveillance, or block the movements of the protected person(s): _____
- ☐ 13. Have no contact yourself or through another (except an attorney of record) with the protected person(s) named above except in compliance with any Superior Court orders. You shall not have any form of contact including, but not limited to, any of the following:
☒ No personal, electronic, telephonic, or written contact with the protected person(s) named above.
☒ Stay at least three hundred (300) yards away from the protected person(s) named above, their home, vehicle, workplace, school.
- ☐ 14. Reside at _____ unless granted permission to live elsewhere by the Court or Pretrial Services. Telephone Number: _____
- ☐ 15. Participate in Pretrial Services Electronic Monitoring Program (EMP) at the direction of Pretrial Services (specify):
☐ Alcohol Monitoring Device - Continuous (EMP) ☐ Alcohol Monitoring Device - Random (EMP) ☐ GPS Only (EMP)
☐ GPS Home Detention (EMP)
- ☐ 16. _____

11/14/2023 TUE 01:55 FAX

0002/002

11/13/2023 MON 23:08 FAX

--- M3 - 4900P

0002/002

11/13/2023 MON 23:55 FAX --- Elmwood Facility Fax

0003/003

I understand that my failure to appear as ordered herein may result in a revocation of this release order and an arrest warrant for my arrest.

Signed this 13th day of November, 2023

Defendant

ORDER FOR RELEASE

The above-named defendant, having agreed to these release conditions, and good cause being shown, it was hereby ordered that the defendant be released from custody on his/her own recognizance, subject to the following conditions:

Dated this 13th day of November, 2023

by:

§1320. Failure to appear after release upon own recognizance

(a) Every person who is charged with or convicted of the commission of a misdemeanor who is released from custody on his or her own recognizance and who in order to evade the process of the court willfully fails to appear as required, is guilty of a misdemeanor. It shall be presumed that a defendant who willfully fails to appear within 14 days of the date assigned for his or her appearance intended to evade the process of the court.

(b) Every person who is charged with or convicted of the commission of a felony who is released from custody on his or her own recognizance and who in order to evade the process of the court willfully fails to appear as required, is guilty of a felony, and upon conviction shall be punished by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the state prison, or in the county jail for not more than one year or by both that fine and imprisonment. It shall be presumed that a defendant who willfully fails to appear within 14 days of the date assigned for his or her appearance intended to evade the process of the court.

2 HALL OF JUSTICE
190 W. HEDDING
SAN JOSE, CA 95110

PEOPLE VS.
L.K.A.

DETAGLE, AUSTIN ORLANDO
5700 VILLAGE OAKS DRIVE APT: 1418
SAN JOSE CA, 95123

JUDGE
REPORTER/VER
DEF. ATTY
CHARGES

HON. CHEW, HANLEY

1.12.24

D.A.

1.30

DATE
06/04/2024

CEN

STATUS

More Tim

APO

12/14/2023

CA

1:30PM

D4143207

DEPT

23

CDY BK: N

M

ARRAIGNMENT: COMPLAI

Not in Jail SUPERVISED O.R. PROGRAM
Warrant Amt: Mid Dr: 10/23/2023

001 PC76(A) F, 002 PC653M(A) M, 003 PC653M(A) M, 004 PC653M(A) M

NEXT APPEARANCE

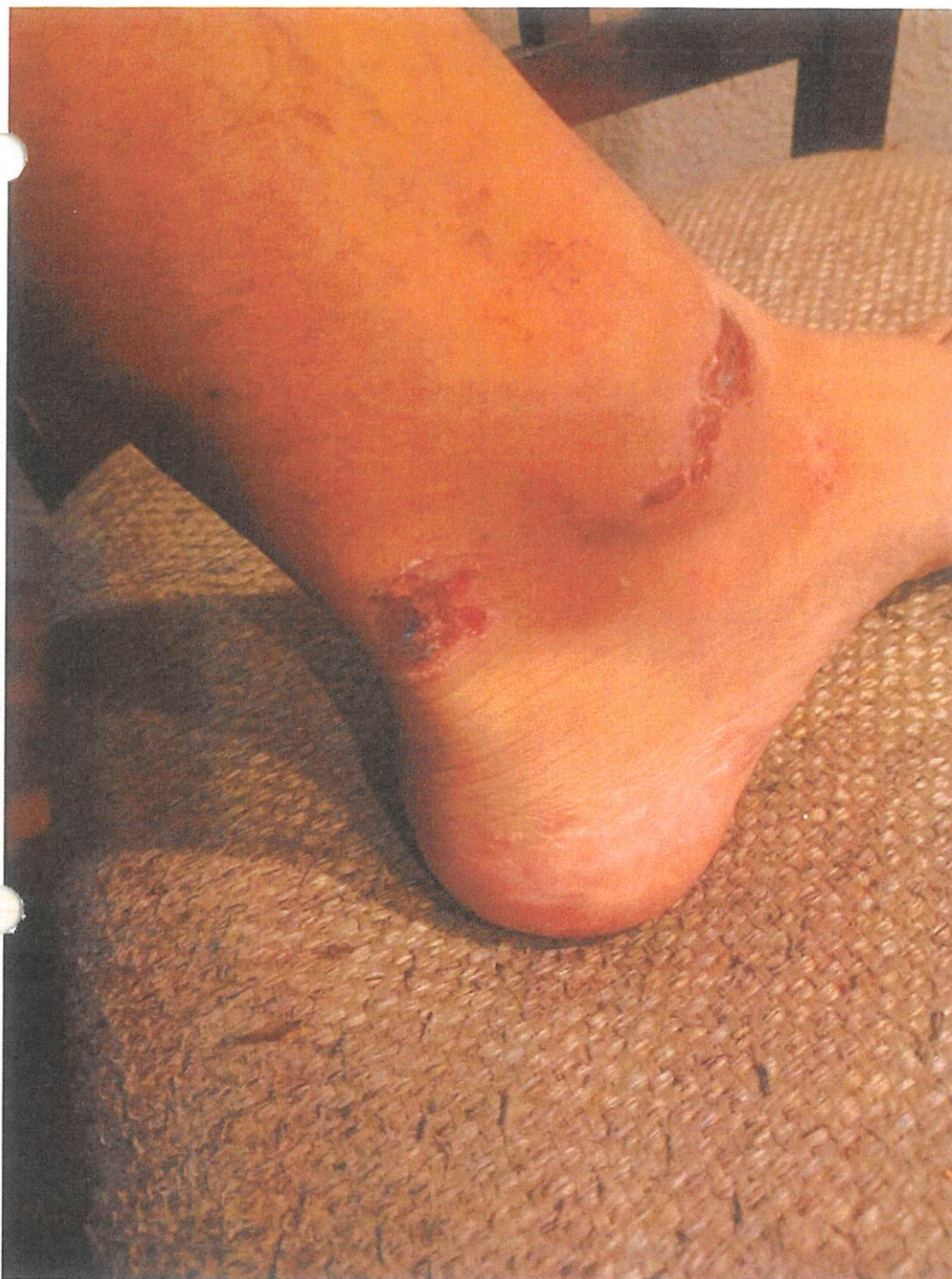
☒ Defendant Present ☐ Not Present ☐ App. Wav
☐ Arr'd ☐ Adv ☐ Arr Wav ☐ Amend Comp/Info
PC977: ☐ Filed ☐ On File ☐ Repr. Adv / Wav
☐ NG ☐ Entered by CRT ☐ NGBRI / Adv
☐ Denies priors / Allegations/ Enhancements
☐ TW ☐ TNW ☐ TW / WD ☐ TW Sentence
☐ LDT: ☐ LD PX:
☐ Ref / Appt PD / AD / IDO ☐ Con Decl ☐ Adm A/F
☐ Relieved ☐ Appt'd
☐ Hrg on Min/Pet.
☐ Granted ☐ Denied ☐ Submitted ☐ Off Cal
☐ Prelim Wav ☐ Certified to General Jurisdiction
☐ Amended to ☐ (M) VC23103(a) ☐ Pur VC23103.5 ☐ DA Stmt Filed Other/Proof of:
PLEA Conditions: ☐ None ☐ No State Prison ☐ PC17 after 1 yr Prob ☐ Includes VOP/PRCS/MS
☐ Jail / Prison Term of ☐ Add to Cal ☐ Vacate pending date
☐ Dismissal / Striking / MDA / COM ☐ Subm time of Sent ☐ Harvey Stip
☐ Adv Max Pen / Parole / Prob / Immig / Appeal ☐ Reg PC290/PC457.1/PC186.30 ☐ FSF ☐ Fines/Fees ☐ PC29800/29805/30305/VC23593 ☐ BOF1022/CR210
Wav Right to ☐ Counsel ☐ Court / Jury Trial ☐ Subpoena / Confront / Examine Witnesses ☐ Self-Incrimination ☐ Written Waiver filed ☐ Plea / Absentia filed
☐ COP ☐ GUILTY ☐ NOLO CONTENDERE to charges & admits enhancements / allegations / priors ☐ PC17 ☐ Arbuckle ☐ Factual Basis found ☐ Findings stated
☐ P36 / PDP Granted / Rein / Unamen / Refused / Term'd Fee \$ ☐ YA-DEJ Eligib Filed ☐ APO Full Rpt/Waives Referral ☐ Cruz Waiver Entd ☐ CR110 Issued
☐ Sent Suspended ☐ Sent Mod by Judge
☐ PROBATION DENIED
PROBATION ☐ Execution ☐ Imposition of sentence suspended for probation period
☐ COURT ☐ FORMAL PROBATION GRANTED FOR ☐ Days / Mos / Yrs
☐ Report to APO/PTS within ☐ Days ☐ Terminated ☐ Upon Release
☐ Perform ☐ Hrs Volunteer Work as directed PO / SAP ☐ In lieu of fine/Jail
☐ Not drive w/o valid DL & Ins ☐ Adv VC23600 ☐ HTO ☐ Re-refer
☐ MOP ☐ FOP ☐ 12 hrs ☐ 3 mos ☐ 9 mos ☐ Enroll within ☐ days
☐ DL Susp / Restr'd / Rvk'd for ☐ IID Not / Ordered / Rmv'd for ☐ Yrs
☐ No contact w/ victim/family/co-defs w/o appr by APO ☐ PC1202.05 ☐ Victim Present
☐ PO issued / mod / term'd Exp ☐ No Contact/Peaceful
☐ DSA filed ☐ Not own/possess deadly weapons ☐ Agency:
☐ Destroy/return weapon ☐ Case No:
☐ Stay away from
☐ Submit Search / Testing ☐ Educ/Voc Trng/Empl ☐ No alcohol / drugs or where sold
☐ Substance Abuse, Psych, Theft, Anger Mgmt, DV, Parenting
☐ PC296 (DNA) ☐ PC1202.1 HIV Test / Education ☐ Adv Galvan ☐ Obey All Laws
VOP/PRCS/MS ☐ Wav ☐ Arr'd ☐ Admits/Denies Viol ☐ Court Finds Viol / No Viol
Prob/MS/PRCS Rein / Mod / Term'd / Revoked / Remains Revoked / Ext to
☐ Original Terms & Conditions Except as Amended herein
☐ Co-terminous with ☐ No Further Penalties / Reviews
Other:

JAIL/PRISON ☐ See Attach Pg ☐ Dress out for Trial ☐ Shower ☐ Haircut

Count	F/M	Violation	Prison Term / Yrs	Enhancement / Priors	Yrs / Stryd / Strkn	HRS / DAYS / MOS
		PTS: Add # 13	6PS only, stay away from family court unless being held			
		ADD # 13	No contact with Judge Estrera unless through attorney			
		Enhancement	Yrs/S	Enhancement	Yrs/S	Enhancement
		Enhancement	Yrs/S	Enhancement	Yrs/S	Enhancement

CTS = ☐ ACT + ☐ PC4019 ☐ 1/2 ☐ 1/3 ☐ PC2933.1 = ☐ Total ☐ Total Term ☐ CDCR / PC 1170H/CJ
☐ Straight Time ☐ WWP PC1209 Fees ☐ Waived ☐ Court Rec ☐ All / Except ☐ EMP / PSP / ERP / WWP / IN CAMP / NP ☐ Blended Sentence
☐ Sent Deemed Served ☐ Rpt to Parole w/in ☐ Adv/ORD ☐ Yrs/Mos Parole/MS/PRCS/Appeal Rights ☐ Consec ☐ Conc to
☐ Bal CJ Susp ☐ All but ☐ Days/Mos/Yrs ☐ On Cond Complete Residential Treatment Prgm ☐ Serve Consec MO/TU/WE/TH/FR/SA/SU
☐ Pre-process ☐ Stay / Surrender / Transport to ☐ @ ☐ AM/PM/Sooner
☐ REMANDED-BAIL \$ ☐ REMAIN AS SET ☐ NO BAIL ☐ COMMITTED ☐ RELEASED ☐ OR ☐ SORP ☐ JAC PHONE ASSMT
☐ AS COND OF SORP ☐ BAIL INCREASE / REDUCE ☐ TO PRGM AS REC BY JAC-DOC TO ARRANGE TRANSPORT UPON AVAIL BED ☐ STATUS Remains

DISTRIBUTION: ORIGINAL - FILE, GREEN - DOC, BLUE - DOR, PURPLE - PROBATION, BROWN - DEFENDANT







.C2314686

PEOPLE VS.
L.K.A.

DETAGLE, AUSTIN ORLANDO
5700 VILLAGE OAKS DRIVE APT: 1418
SAN JOSE CA, 95123
HON. PICQUET, ROGER

3/6/1997
CLERK
Heves Rose
HEARING
STATUS

CEN
9:00AM
D4143207
2 M

DEPT 26
CDY BK: N

JUDGE
REPORTER/ER
DEF. ATTY
CHARGES

PUBLIC DEFENDER

10D PX TNW60D PX
APO

SURETY BOND POSTED \$20,000.00 TNW

Warrant Ant: Vcl Dt: 10/23/2023

001 PC76(A) F, 002 PC853M(A) M, 003 PC853M(A) M, 004 PC853M(A) M

NEXT APPEARANCE

<input checked="" type="checkbox"/> Defendant Present		<input type="checkbox"/> Not Present		<input type="checkbox"/> App. Wav.		<input type="checkbox"/> Atty Present		<input type="checkbox"/> Allocated		<input type="checkbox"/> AD		<input type="checkbox"/> IDO / Special App/General									
<input type="checkbox"/> Arr'd		<input type="checkbox"/> Adv		<input type="checkbox"/> Arr Wav		<input type="checkbox"/> Amend Comp/Info		<input type="checkbox"/> Arr		<input type="checkbox"/> Plea		<input type="checkbox"/> IDC		<input type="checkbox"/> PTC		<input type="checkbox"/> Prob / Sent		<input type="checkbox"/> Interpreter		<input type="checkbox"/> Sworn	
PC977: <input type="checkbox"/> Filed		<input type="checkbox"/> On File		<input checked="" type="checkbox"/> Repr. Adv / Wav				<input type="checkbox"/> Bail/ OR/ SORP		<input type="checkbox"/> Rect Dr Rpt		<input type="checkbox"/> FAR / ERC		<input type="checkbox"/> Bail Apply		<input type="checkbox"/> Balance Exonerated					
<input type="checkbox"/> NG		<input type="checkbox"/> Entered by CRT		<input type="checkbox"/> NGBRI / Adv				<input type="checkbox"/> PSet		<input type="checkbox"/> Prelim		<input type="checkbox"/> Readiness		<input type="checkbox"/> S / B MTC		<input type="checkbox"/> Bail: <input type="checkbox"/> Exonerated		<input type="checkbox"/> Forfeited		<input type="checkbox"/> Bond#	
<input type="checkbox"/> Denies priors /Allegations/ Enhancements								<input type="checkbox"/> Further		<input type="checkbox"/> Jury		<input type="checkbox"/> CT		<input type="checkbox"/> Peo / Def Wav Jury		<input type="checkbox"/> Reassumption Filed		<input type="checkbox"/> Forfeiture Set Aside / Bail Rein			
<input type="checkbox"/> TW		<input type="checkbox"/> TNW		<input type="checkbox"/> TW / WD		<input type="checkbox"/> TW Sentence		<input type="checkbox"/> TE: <input type="checkbox"/>		<input type="checkbox"/> Ref'd						<input type="checkbox"/> \$		<input type="checkbox"/> Costs Within 30 Days to Court			
<input type="checkbox"/> LDT: <input type="checkbox"/>		<input type="checkbox"/> LD PX: <input type="checkbox"/>						<input type="checkbox"/> Defendant / Victim / Witness Ordered to Appear		<input type="checkbox"/> SORP / OR		<input type="checkbox"/> Revoked		<input type="checkbox"/> Reinstated							
<input type="checkbox"/> Ref / Appt PD / AD / IDO		<input type="checkbox"/> Con Decl		<input type="checkbox"/> Adm A/F				<input type="checkbox"/> APO / SUTS/ Prop 36		<input type="checkbox"/> P36 Re-Assm't		<input type="checkbox"/> BW Ordered \$		<input type="checkbox"/>		<input type="checkbox"/> Stayed		<input type="checkbox"/> To Issue			
<input type="checkbox"/>		<input type="checkbox"/> Relieved		<input type="checkbox"/> Appt'd				<input type="checkbox"/> Crim Proc Susp / Rein		<input type="checkbox"/> Status Hrg		<input type="checkbox"/> No Cite Release/SCIT		<input type="checkbox"/> No Request		<input type="checkbox"/> Cash Only					
<input checked="" type="checkbox"/> Hrg on Mtn/Pet.		1030		11				<input type="checkbox"/> Doubt Decl Pur PC 1368		<input type="checkbox"/> Capacity Yes/No		<input type="checkbox"/> BW: <input type="checkbox"/> Set Aside		<input type="checkbox"/> Recalled		<input type="checkbox"/> Filed		<input type="checkbox"/> Remain Out			
<input checked="" type="checkbox"/> Granted		<input type="checkbox"/> Denied		<input type="checkbox"/> Submitted		<input type="checkbox"/> Off Cal		<input type="checkbox"/> Subm on Rpt		<input type="checkbox"/> Found		<input type="checkbox"/> Dra. Appointed		<input type="checkbox"/> Max Term		<input type="checkbox"/> Committed					
<input type="checkbox"/> Prelim Wav		<input type="checkbox"/> Certified to General Jurisdiction						<input type="checkbox"/> MDA / COM Amended to (F / M / INF)				<input type="checkbox"/> Court fines		<input type="checkbox"/> Add'l FEE waived		<input type="checkbox"/> Collect Civlly					
<input type="checkbox"/> Amended to <input type="checkbox"/> (M) VC23103(a)		<input type="checkbox"/> Pur VC23103.5						<input type="checkbox"/> DA Stmt Filed		<input type="checkbox"/> Other/Proof of:		<input type="checkbox"/> To continue		<input type="checkbox"/> Past 10 days							
PLEA Conditions: <input type="checkbox"/> None		<input type="checkbox"/> No State Prison		<input type="checkbox"/> PC17 after 1 yr Prob		<input type="checkbox"/> Includes VOP/PRCS/MS															
<input type="checkbox"/> Jail / Prison Term of		Min to		Release on OR - Denied				<input type="checkbox"/> Dismissal / Striking / MDA / COM		<input type="checkbox"/> Subm time of Sent		<input type="checkbox"/> Harvey Stip									
<input type="checkbox"/> Adv		<input type="checkbox"/> Max Pen / Parole / Prob / Immig / Appeal		<input type="checkbox"/> Reg PC290/PC457.1/PC186.30		<input type="checkbox"/> FSF		<input type="checkbox"/> Fines/Fees		<input type="checkbox"/> PC29800/29805/30305/VC23593		<input type="checkbox"/> BOF1022/CR210									
Wav Right to <input type="checkbox"/> Counsel		<input type="checkbox"/> Court / Jury Trial		<input type="checkbox"/> Subpoena / Confront / Examine Witnesses		<input type="checkbox"/> Self-Incrimination		<input type="checkbox"/> Written Waiver filed		<input type="checkbox"/> Plea / Absentia filed											
<input type="checkbox"/> COP		<input type="checkbox"/> GUILTY		<input type="checkbox"/> NOLO CONTENDERE to charges & admits enhancements / allegations / priors		<input type="checkbox"/> PC17		<input type="checkbox"/> Arbuckle		<input type="checkbox"/> Factual Basis found		<input type="checkbox"/> Findings stated									
<input type="checkbox"/> P36 / PDP Granted / Rein / Unamen / Refused / Term'd Fee \$		<input type="checkbox"/>		<input type="checkbox"/> YA-DEJ Eligib Filed		<input type="checkbox"/> APO Full Rpt/Waives Referrál		<input type="checkbox"/> Cruz Waiver Entd		<input type="checkbox"/> CR110 Issued											
<input type="checkbox"/> Sent Suspended		<input type="checkbox"/>		<input type="checkbox"/> Sent Mod by Judge																	
<input type="checkbox"/> PROBATION DENIED																					
PROBATION <input type="checkbox"/> Execution		<input type="checkbox"/> Imposition of sentence suspended for probation period																			
<input type="checkbox"/> COURT		<input type="checkbox"/> FORMAL PROBATION GRANTED FOR		Days / Mos / Yrs																	
<input type="checkbox"/> Report to APO/PTS within		Days		<input type="checkbox"/> Terminated		<input type="checkbox"/> Upon Release															
<input type="checkbox"/> Perform		Hrs Volunteer Work as directed PO / SAP		<input type="checkbox"/> in lieu of fine/Jail																	
<input type="checkbox"/> Not drive w/o valid DL & Ins		<input type="checkbox"/> Adv VC23600		<input type="checkbox"/> HTO		<input type="checkbox"/> Re-refer															
<input type="checkbox"/> MOP		<input type="checkbox"/> FOP		<input type="checkbox"/> 12 hrs		<input type="checkbox"/> 3 mos		<input type="checkbox"/> 9 mos		<input type="checkbox"/> Enroll within		days									
<input type="checkbox"/> DL Susp / Restr'd / Rvk'd for		<input type="checkbox"/>		<input type="checkbox"/> IID Not / Ordered / Rmv'd for		Yrs															
<input type="checkbox"/> No contact w/ victim/family/co-defs w/o appr by APO		<input type="checkbox"/> PC1202.05																			

JAIL/PRISON ☐ See Attacht Pg ☐ Dress out for Trial ☐ Shower ☐ Haircut

Count	F/M	Violation	Prison Term / Yrs	Enhancement / Priors	Yrs / Styd / Strkn	HRS / DAYS / MOS
	i					
Enhancement		Yrs/S	Enhancement	Yrs/S	Enhancement	Yrs/S

CTS = _____ ACT + _____ ☐ PC4019 ☐ 1/2 ☐ 3/4 ☐ PC2933.1 = _____ Total Total Term _____ CDCR / PC 1170h/CJ
☐ Straight Time ☐ WWP PC1209 Fees ☐ Waived ☐ Court Rec _____ All / Except ☐ EMP / PSP / ERP / WWP / IN CAMP / NP _____ ☐ Blended Sentence
☐ Sent Deemed Served ☐ Rpt to Parole w/in _____ ☐ Adv/ORD _____ Yrs/Mos Parole/MS/PRCS/Appeal Rights ☐ Consec ☐ Conc to _____
☐ Bal CJ Susp ☐ All but _____ Days/Mos/Yrs ☐ On Cond Complete Residential Treatment Prgm ☐ Serve Consec MO/TU/WE/TH/FR/SA/SU _____
☐ Pre-process ☐ Stay / Surrender / Transport to _____ @ _____ AM/PM/Sooner

☐ REMANDED-BAIL \$ _____ ☐ REMAIN AS SET ☐ NO BAIL ☐ COMMITTED ☐ RELEASED ☐ OR ☐ SORP ☐ JAC PHONE ASSMT
☐ AS COND OF SORP ☐ BAIL INCREASE / REDUCE ☐ TO PRGM AS REC BY JAC-DOC TO ARRANGE TRANSPORT UPON AVAIL BED ☐ STATUS Remains

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